

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-045470

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

317
541
3421
FILED DEC 3 1962VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

St. Louis County

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN ClaytonLength of stay in 1b
YRS.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 7720 Shirley DriveInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

St. Louis

c. CITY
OR TOWN ClaytonInside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

7720 Shirley Drive

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

GRACE

KEEHNE

STORMONT

4. DATE OF DEATH

Month

Day

Year

NOV.

22

1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4/15/1909

9. AGE (last birthday)

53

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

at home

10b. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (City and state or country)

St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Charles Keehne.

13b. MOTHER'S MAIDEN NAME

Nora McGarry

14. NAME OF HUSBAND OR WIFE

Dr. James W. Stormont

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Dr. James W. Stormont; 7720 Shirley Drive

18. CAUSE OF DEATH (Enter only one cause per line f
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinomatous

INTERVAL BETWEEN ONSET AND DEATH

3 1/2 yrs

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Cancer of Colon

3 1/2 yrs.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☒ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12/10/58 to 11/22/62 and last saw her alive on 11/21/62
Death occurred at 1230 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

11/24/1962

23c. NAME OF CEMETERY OR CREMATORY

Laurel Hill Memorial Gard

23d. LOCATION (City, town, or county)

St. Louis County,

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Lupton Chapel; 7233 Delmar Blvd.

25. DATE RECD. BY LOCAL REG.

11-23-62

26. REGISTRAR'S SIGNATURE

J. B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

3
4 1
5 1
6
7 0
8 2
9 1538
10
11
12 90-0
13

Dr. J. Hutcheson
114 N. Taylor (Grants Clinic)
St. Louis - County

Friday Afternoon

11-5 P.M.
Se-3-8600

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.